

**INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT
HEPATITIS C AGENTS (INCIVEK & VICTRELIS) PRIOR AUTHORIZATION REQUEST FORM**



Pharmacy Benefit Management (PBM) Call Center
4550 Victory Lane
Indianapolis, IN 46203
Phone: (866) 879-0106 Fax: (866) 780-2198



****All sections must be completed or the request will be returned****

Today's Date:

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Patient's Medicaid # □□□□□□□□□□□□□□	Date of Birth □□ / □□ / □□□□
Patient's Name	Prescriber's Name
Prescriber's IN License # □□□□□□□□□□	Specialty
Prescriber's NPI # □□□□□□□□□□□□	Prescriber's Signature
Return Fax # □□□□ - □□□□ - □□□□□□	Return Phone # □□□□ - □□□□ - □□□□□□

PA Requirements:

1. Patient is 18 years of age or older Yes No
2. Patient has a diagnosis of chronic hepatitis C infection with compensated liver disease including cirrhosis
 Yes No If no explain: _____
3. For women of childbearing age, patient has confirmed negative pregnancy test prior to therapy
 Yes No If no explain: _____
4. Prescription written by an Infectious Disease or Gastrointestinal specialist Yes No

Additional Information:

If Request is for Incivek:

1. Patient will concurrently use peginterferon alfa **and** ribavirin with Incivek Yes No
2. Does patient have a history of Victrelis therapy? Yes No

Note: Patients with a history of Victrelis therapy will be denied. Dosage approved will be 750mg three times daily & patients may receive one 12-week approval only for Incivek.

Additional Information:

If Request is for Victrelis:

1. Patient has had concurrent peginterferon alfa **and** ribavirin administration for 4 weeks prior to adding Victrelis Yes No
2. Victrelis will be added to peginterferon alfa and ribavirin therapy during week 5, indicating a three medication regimen Yes No
3. Does patient have a history of Incivek therapy? Yes No
4. **For re-approvals**, please confirm patient has been compliant with three medication regimen Yes No

Note: Patients with a history of Incivek therapy will be denied. Dosage approved will be 800mg three times daily; patients may receive up to 3 approvals only of Victrelis for 12 weeks, unless the patient has cirrhosis. Patients with cirrhosis may need an additional 8 weeks of therapy so they receive the three medication regimen for a total of 44 weeks

Additional Information:

CONFIDENTIAL INFORMATION

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